

<i>SERFF Tracking Number:</i>	<i>THRV-126315398</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Thrivent Financial for Lutherans</i>	<i>State Tracking Number:</i>	<i>44057</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Replacement Face Pgs ULLP/UL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Replacement Face Pgs  
ULLP/UL

TOI: L09I Individual Life - Flexible Premium  
Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: THRV-126315398 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44057

Co Tr Num:	State Status: Approved-Closed
Author: Karen Guyette	Reviewer(s): Linda Bird
Date Submitted: 11/09/2009	Disposition Date: 11/17/2009
	Disposition Status: Approved- Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/17/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/17/2009

Deemer Date:

Submitted By: Karen Guyette

Filing Description:

Created By: Karen Guyette

Corresponding Filing Tracking Number:

In order to comply with Arkansas Rule 97 Life Insurance And Annuities Replacement, we are submitting for your review and approval the following two forms.

Replacement Face Page, Form U-UP-ULR AR (10)

This replacement face page will be used with Flexible Premium Adjustable Life Insurance Contract, form U-UP-UL (06), which was approved by your department on 6/07/2006 (State Tracking No. 32857).

SERFF Tracking Number:      THRV-126315398      State:      Arkansas

Filing Company:      Thrivent Financial for Lutherans      State Tracking Number:      44057

Company Tracking Number:

TOI:      L09I Individual Life - Flexible Premium      Sub-TOI:      L09I.001 Single Life

Adjustable Life

Product Name:      Replacement Face Pgs ULLP/UL

Project Name/Number:      /

### Replacement Face Page, Form U-UM-ULR (10)

This replacement face page will be used with Flexible Premium Adjustable Life Insurance Contract, form U-UM-UL (07), which was approved by your department on 1/09/2008 (State Tracking No. 37736).

The replacement face page will be used in place of the existing contract face page when the application for insurance indicates that a replacement is involved. The replacement face page contains the 30-day notice of right to return the contract.

## Company and Contact

### Filing Contact Information

Karen Guyette, Compliance Specialist II      karen.guyette@Thrivent.com  
 625 Fourth Ave. South      800-847-4836 [Phone] 37251 [Ext]  
 Minneapolis, MN 55415      612-340-5040 [FAX]

### Filing Company Information

Thrivent Financial for Lutherans	CoCode: 56014	State of Domicile: Wisconsin
4321 North Ballard Road	Group Code: 2938	Company Type: Fraternal
Appleton, WI 54919-0001	Group Name:	State ID Number:
(800) 847-4836 ext. [Phone]	FEIN Number: 39-0123480	

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## Filing Fees

Fee Required?      Yes

Fee Amount:      \$40.00

Retaliatory?      No

Fee Explanation:      2 forms X \$20 = \$40

Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$40.00	11/09/2009	31899062

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	11/17/2009	11/17/2009

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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Replacement Face Pgs ULLP/UL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 11/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:      *THR-126315398*      State:      *Arkansas*

Filing Company:      *Thrivent Financial for Lutherans*      State Tracking Number:      *44057*

Company Tracking Number:

TOI:      *L09I Individual Life - Flexible Premium*      Sub-TOI:      *L09I.001 Single Life*  
*Adjustable Life*

Product Name:      *Replacement Face Pgs ULLP/UL*

Project Name/Number:      /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statements of Variability		Yes
Form	Replacement Face Page		Yes
Form	Replacement Face Page		Yes

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Filing Company:      *Thrivent Financial for Lutherans*      State Tracking Number:      *44057*

Company Tracking Number:

TOI:      *L09I Individual Life - Flexible Premium*      Sub-TOI:      *L09I.001 Single Life*  
*Adjustable Life*

Product Name:      *Replacement Face Pgs ULLP/UL*

Project Name/Number:      */*

## Form Schedule

### Lead Form Number: U-UP-ULR AR (10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	U-UP-ULR AR (10)	Other	Replacement Face Page	Initial		57.000	Replacement Face Page U-UP-ULR AR (10).pdf
	U-UM-ULR (10)	Other	Replacement Face Page	Initial		56.000	Replacement Face Page U-UM-ULR (10).pdf

This certificate of membership and flexible premium adjustable life insurance is a legal contract between you and Thrivent Financial for Lutherans. We issue this contract based on the Application signed by the applicant and the payment of the initial premium. Upon receiving due proof of the Insured's death, we will pay the Death Proceeds (see Section 6.1) to the beneficiary according to the provisions of this contract.

**Right to Cancel. Please read this contract carefully.** You may cancel the contract for any reason before midnight of the 30th day after you first receive it. Do this by (1) mailing or delivering notice of cancellation to our Service Center or to the representative through whom you bought it, and (2) returning the contract. Notice given by mail and return of the contract by mail are effective on being postmarked, properly addressed and postage prepaid. If you cancel the contract, it will be deemed void from the beginning. Within seven days after we receive notice of cancellation and the returned contract, we will refund all premiums paid.

Flexible Premium Adjustable Life Insurance.

Life insurance payable at death.

Adjustable death benefit.

Annual dividends payable if earned.

Settlement options to provide income.

Signed for the Society

President [  ]

Secretary [  ]

INSURED: [ JOHN DOE ]

AGE: [ 35 ] SEX: [ MALE ]

CONTRACT NUMBER: [ 1234567 ]

DATE OF ISSUE: [ JANUARY 1, 2010 ]

INITIAL FACE AMOUNT: [ \$100,000 ]

This certificate of membership and flexible premium adjustable life insurance is a legal contract between you and Thrivent Financial for Lutherans. We issue this contract based on the Application signed by the applicant and the payment of the initial premium. Upon receiving due proof of the Insured's death, we will pay the Death Proceeds (see Section 6.1) to the beneficiary according to the provisions of this contract.

**Right to Cancel. Please read this contract carefully.** You may cancel the contract for any reason before midnight of the 30th day after you first receive it. Do this by (1) mailing or delivering notice of cancellation to our Service Center or to the representative through whom you bought it, and (2) returning the contract. Notice given by mail and return of the contract by mail are effective on being postmarked, properly addressed and postage prepaid. If you cancel the contract, it will be deemed void from the beginning. Within seven days after we receive notice of cancellation and the returned contract, we will refund all premiums paid (with no deductions for any fees or charges).

**Flexible Premium Adjustable Life Insurance.**  
**Life insurance payable at death.**  
**Indeterminate benefits, values, premiums and coverage duration.**  
**Annual dividends payable if earned.**  
**Settlement options to provide income.**  
**[Accidental Death Benefit rider excludes war risks.]**

**Service Center:**  
**Thrivent Financial for Lutherans**  
**[4321 North Ballard Road]**  
**[Appleton, WI 54919-0001]**  
**Telephone [(800) 847-4836]**  
**www.thrivent.com**

Signed for the Society

President [  ]

Secretary [  ]

INSURED: [ JOHN DOE ]

AGE: [ 35 ] SEX: [ MALE ]

CONTRACT NUMBER: [ 1234567 ]

DATE OF ISSUE: [ JANUARY 1, 2010 ]

INITIAL FACE AMOUNT: [ \$50,000 ]



SERFF Tracking Number:	THRV-126315398	State:	Arkansas
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Company Tracking Number:			
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Product Name:	Replacement Face Pgs ULLP/UL		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
AR ULLP UL Ctf of Compliance.pdf		
AR ULLP UL Flesch Ctf.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A - No policy being filed at this time.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> N/A - no individual health products being submitted at this time.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> N/A - no individual health products being submitted at this time.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statements of Variability		
<b>Comments:</b>		
<b>Attachments:</b>		

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AR UL Statement of Variability.pdf

AR ULLP Statement of Variability.pdf

**CERTIFICATION  
OF  
COMPLIANCE**

FORM NUMBER

**U-UP-ULR AR (10)**

**U-UM-ULR (10)**

FORM TITLE

**Replacement Face Page**

**Replacement Face Page**

I certify that the above form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

\_\_\_\_\_  
Signature of Officer

**David J. Christianson**

Name (Typed or Printed)

**Director, Contract Forms and Compliance**

Title

**November 5, 2009**

Date

ARKANSAS

Certification

I, David J. Christianson, an officer of Thrivent Financial for Lutherans, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms comply with the requirements of Arkansas Code Ann. 23-80-206.

<u>Form</u>	<u>Flesch Score</u>
<b>U-UP-ULR AR (10)</b>	<b>57</b>
<b>U-UM-ULR (10)</b>	<b>56</b>

**11/5/2009**

Date

\_\_\_\_\_  
David J. Christianson  
Director, Contract Forms and Compliance

## **STATEMENT OF VARIABILITY**

### **Replacement Face Page, Form U-UM-ULR (10)**

The following items have been bracketed to indicate that the information may be different in different replacement face pages or may be subject to change.

- The following wording will appear in the brief description only when the Accidental Death Benefit rider is elected: Accidental Death Benefit rider excludes war risks.
- Service Center address and telephone number.
- Officers' signatures will change if new officers are elected.
- Insured, Age, Sex, Contract Number, Date of Issue, Initial Face Amount (\$25,000 minimum – no maximum).

## **STATEMENT OF VARIABILITY**

### **Replacement Face Page, Form U-UP-ULR AR (10)**

The following items have been bracketed to indicate that the information may be different in different replacement face pages or may be subject to change:

- Officers' signatures will change if new officers are elected
- Name of insured, age, sex, contract number, and date of issue are specific to each insured
- Initial face amount (\$100,000 minimum - maximum is subject to financial underwriting, suitability and reinsurance)